

NICKELS ELIZABETH A
Form 4
July 22, 2008

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
NICKELS ELIZABETH A

2. Issuer Name and Ticker or Trading Symbol
MILLER HERMAN INC [MLHR]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
855 EAST MAIN AVENUE, P.O. BOX 302

3. Date of Earliest Transaction (Month/Day/Year)
07/18/2008

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
Pres HM Healthcare

(Street)
ZEELAND, MI 49464

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	07/18/2008 ⁽¹⁾		A	367.232 A	\$ 25.182 1,771.963 ⁽²⁾	I	by profit share plan
Common Stock					57,359.2915	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
NICKELS ELIZABETH A 855 EAST MAIN AVENUE P.O. BOX 302 ZEELAND, MI 49464			Pres	HM Healthcare

Signatures

By: Angela C. Burgess For: Elizabeth A. Nickels
Date: 07/22/2008

Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
 - ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The directly owned common stock holdings reflected in Table I of this form include shares acquired through participation in the Herman Miller Dividend Reinvestment Plan, which satisfies the exemption of Rule 16b-2. The directly owned common stock holdings reflected in Table I of this form include shares purchased through Herman Miller's 1995 Employees' Stock Purchase Plan, which satisfies the exemption requirements of Rule 16b-3.
- (1) The common stock holdings held in profit sharing plan reflected in Table I of this form include shares acquired through participation in the Herman Miller Dividend Reinvestment Plan, which satisfies the exemption of Rule 16b-2.
- (2) The common stock holdings held in profit sharing plan reflected in Table I of this form include shares acquired through participation in the Herman Miller Dividend Reinvestment Plan, which satisfies the exemption of Rule 16b-2.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.